

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - DO NOT MARK ABOVE											
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO. OF VEH PEDESTRIANS INVOLVED	1		CRASH SEVERITY (CHECK MOST SEVERE)			<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input type="checkbox"/> OVER \$150 <input checked="" type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED						
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH	10/22/14		DAY	WED							
CRASH OCCURRED ON				119 Hunter St.				WITHIN THE INTERSECTION OF											
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE			8321								
LOG-1	LOG-2	LOC	JUR	FH'S	FILT														
A	UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT		unknown									
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				Eubanks, Brian E.								ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)							
47 Quail Race Ct. Amelia, OH 45102																			
PHONE NO.		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.			STATE	DRIVER'S LICENSE NO.		OCCUPATION								
513-725-7321		01/07/93	21	M				OH	TV 296174										
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE											
Same																			
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR											
2002	Hyundai	Accent	Silver	HB	OH	GJK1129	Case Towing	FROM TO											
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE									
				<input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input checked="" type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> HEAVY		<input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input checked="" type="checkbox"/> TOWED		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
8	UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO. OR AGENT											
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)																			
PHONE NO.				BIRTH DATE				AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE											
Same																			
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR											
								FROM TO											
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				<input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		<input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		<input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION			INJURIES									
		Hutter, Derek		m D y		14	A	B	C	D	E	F	A	B	C	D	E	F	
		ADDRESS		PHONE		SEX	1			3 6			5			5			
		466 B Yale Dr. Lebanon, OH 45026		513-266-9977		M													
D.	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION			INJURIES									
		Eubanks, Scarlett		m D y		3							1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED						
		ADDRESS		PHONE		SEX	7						CONDITION						
		4435 Ruby Ln Batavia, OH 45150		513-725-7321		F				7			7						
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION			INJURIES									
				m D y									1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN						
		ADDRESS		PHONE		SEX	P-PEDESTRIAN												
F.	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	RESTRAINTS			ALCOHOL									
				m D y						A			I						
		ADDRESS		PHONE		SEX	1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED			8			8 6			1			
A	B	C	INJURED TAKEN TO				By		ALCOHOL			A			I				
D	E	F	INJURED TAKEN TO				By		EJECTION			A			I				
									1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			1			1				
A	OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD		33138		Failure to Control		EJECTION			DRUGS							
									A			A							
									1			1							
O	OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD						EJECTION			DRUGS							
									A			A							
									1			1							
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES														
2238	2238	2238	2321	30	00:00:17														
DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY															
m D y	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Jenkins	112																

12-18214

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION